

VEHICLE ACQUISITION REQUEST FORM

DEPARTMENT:	DIVISION / OFFICE:	AGENCY BILLING CODE:
REQUESTOR:	POSITION:	
OFFICE ADDRESS:	CITY / ZIP:	TELEPHONE NUMBER:

TYPE OF VEHICLE(S):	QUANTITY:
SPECIAL REQUIREMENTS:	
ITEMS TO INCLUDE WITH REQUEST FORM: 1. A completed Purchase Order (STD. 65) or Purchase Estimate (STD. 66) for replacement or additional vehicles. 2. An approved Property Survey Report (STD. 152) <u>for replacement vehicles.</u> 3. A current copy on file with the Office of Fleet Administration of the Passenger Vehicle Usage Report (STD. 276a). 4. A current copy on file with the Office of Fleet Administration of any delegation or exemption (issued by any state entity to the requesting agency) relating to vehicles, mobile equipment, or fleet management.	

JUSTIFICATION FOR VEHICLE: (USE ADDITIONAL FORMS IF NECESSARY)
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BUSINESS SERVICE OFFICER/BUYERS' SIGNATURE:	DATE:
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I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF SAID VEHICLES AND WILL BE USED IN ACCORDANCE TO THE JUSTIFICATION LISTED ABOVE.

REQUESTING AGENCY'S DIRECTOR'S SIGNATURE:	DATE:
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I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF SAID VEHICLES AND WILL BE USED IN ACCORDANCE TO THE JUSTIFICATION LISTED ABOVE.

OFA STATEWIDE EQUIPMENT COORDINATOR'S SIGNATURE: APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	DATE:
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DGS DIRECTOR'S SIGNATURE: APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	DATE:
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Return completed form to:
Office of Fleet Administration
Attention: Statewide Equipment Coordinator
800 Q Street A-1
Sacramento, CA 95814